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REMARKS

Claims 1-22 are pending. Claims 1, 9 and 16 have been amended to incorporate limitations of allowed Claims 5, 13 and 20, respectively. Claim 16 has been further amended to include "changes in guidelines associated with billing codes." Claims 5, 13 and 20 have been amended to properly reference the antecedent basis created in newly amended independent base Claims 1, 9 and 16. Support for the amendments can be found in the Specification at least at page 4, line 7-8. No new subject matter is being added.

Claims Rejections Under 35 U.S.C. 103(a)

Claims 1-4, 6-12, 14-19 and 21-22 are rejected as being unpatentable over U.S. Patent No. 5,325,293 (hereinafter "Dorne") in view of U.S. Patent No. 5,867,821 (hereinafter "Ballantyne").

The present invention provides "an interface to enable physicians to input billing...intermittently...downloading billing...information...and an interface to flag to physicians changes in guidelines associated with billing codes."

The Examiner states that "[i]n FIG. 3 of Dorne, the step of selecting one of the codes from the code box (right hand side) opens a dialog box (160) which displays a guideline associated with a specific medical code. The guidelines are "changed" by simply selecting a different code, which changes the displayed guidelines in the dialog box."

The change disclosed by Dorne in FIG. 3 is a *change in the display of a guideline* as the billing code changes (e.g., displaying the guideline for billing code 36217, then switching the billing code to display the guideline for billing code 36216). In contrast, the present invention provides *changes in guidelines associated with billing codes* (e.g., whereas previous guidelines for billing code 99233 may have required examination of 2-7 organ systems, changes in guidelines for billing code 99233 may now require examination of 4-7 organ systems). That is, the changes are in the guidelines themselves. Changing the display, as is disclosed by Dorne, to show different guidelines as billing codes change would not flag to the physician a change in a guideline itself, as is claimed.

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Therefore, Dorne does not teach "an interface to flag to physicians changes in guidelines associated with billing codes". Claims 1, 9 and 16 recite this, or similar, language. Additionally, Ballantyne does not add to the teachings of Dorne "an interface to flag to physicians changes in guidelines associated with billing codes."

Thus, no combination of Dorne and Ballantyne implies, or suggests, the inventions of Claims 1, 9 and 16. Therefore, for the above states reasons, Applicants respectfully request withdrawal of the rejection of Claims 1, 9 and 16 under 35 U.S.C. §103(a).

Claims 2-8, 10-15 and 17-22 are dependent on independent base Claims 1, 9 and 16, respectively. The above remarks regarding independent base Claims 1, 9 and 16 apply to dependent Claims 2-8, 10-15 and 17-22 by virtue of the fact that, if an independent claim is nonobvious under 35 U.S.C. 103, then any claim depending therefrom is nonobvious. *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988).

Therefore, for the above-stated reasons, applicants respectfully request that the rejection of Claims 2-8, 10-15 and 17-22 under 35 U.S.C. 103(a) be withdrawn.

Allowable Claims

Claims 5, 13 and 20 are objected to as being dependent upon a rejected base claim, but would be allowable if rewritten in independent form including all of the limitations of the base claim and any intervening claims.

Limitations of allowable Claims 5, 13 and 20 have been included in amended independent base Claims 1, 9 and 16. Therefore, applicants believe independent base Claims 1, 9 and 16 are now allowable.

CONCLUSION

In view of the above amendments and remarks, it is believed that all claims are in condition for allowance, and it is respectfully requested that the application be passed to issue. If

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the Examiner feels that a telephone conference would expedite prosecution of this case, the Examiner is invited to call the undersigned at (978) 341-0036.

Respectfully submitted,

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MARKED UP VERSION OF AMENDMENTSClaim Amendments Under 37 C.F.R. § 1.121(c)(1)(ii)

1. (Twice Amended) An electronic handheld processing device comprising:
 - a memory storing demographic information, patient diagnosis information and billing information;
 - an interface to enable physicians to input billing and diagnosis information; [and]
 - an interface to intermittently communicate with an interface device for downloading billing and diagnosis information and receiving updated patient demographic information; and
 - an interface to [inform] flag to physicians [of] changes in guidelines associated with billing codes.
5. (Twice Amended) The electronic handheld processing device of claim [4] 1, wherein the changes in guidelines associated with the billing codes are flagged by an alarm.
9. (Twice Amended) A method for automating the billing process for physicians using an electronic handheld processing device the method comprising:
 - displaying patient demographic information on a screen of the handheld processing device;
 - displaying billing information on the screen of the handheld processing device;
 - selecting the required patient and billing information once a patient has been examined;
 - [informing] flagging to physicians [of] changes in guidelines associated with billing codes; and
 - intermittently outputting billing code data to an interface device for distributing the billing code data to information systems for further processing to generate medical bills.

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13. (Twice Amended) The method of claim [12] 9, wherein the changes in guidelines associated with the billing codes are flagged by an alarm.

16. (Twice Amended) A method in a computer system for automating a physicians billing process, comprising, with a handheld device:
 - displaying a list of patients to be seen on a particular day;
 - displaying a list of patient locations;
 - displaying billing codes;
 - flagging to physicians changes in guidelines associated with billing codes;
 - receiving billing code selection corresponding to a patient examined by a physician;
 - creating a new billing record for the patient;
 - from an interface device, intermittently sending billing codes for the patient to an information processing system to generate a medical bill.

20. (Twice Amended) The method of claim [19] 16 wherein the changes in guidelines associated with the billing codes are flagged by an alarm.